

## UNITED STATES HOUSE OF REPRESENTATIVES

For New Members, Candidates, and New Employees

## FINANCIAL DISCLOSURE STATEMENT

FORM B

Name: <u>Ammae Camp-Nastar</u>		Daytime Telephone: _____
FILER STATUS	New Member of or Candidate for U.S. House of Representatives	State: <u>CA</u> District: <u>50</u>
	Candidates – Date of Election: <u>11-16-2018</u>	<input type="checkbox"/> Check if Amendment
<input type="checkbox"/> New Officer or Employee <input type="checkbox"/> Employing Office: _____		Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant Period Covered: January 1, <u>2017</u> to <u>JUNE 15, 2018</u>

JUL 25 2018  
FEDERAL FINANCIAL  
DISCLOSURE STATEMENT

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?			F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g. salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  Yes  No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.  Yes  No

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: AMMAR CAMPA-NAJAR

Page 2 of 8

BLOCK A		BLOCK B		BLOCK C		BLOCK D	
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income	
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “None” column. For assets held in taxable accounts, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “None” column. For assets held in taxable accounts, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.	
Provide complete names of stocks and mutual funds (do not use only stock symbols)		None		None		None	
For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.		None		None		None	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		None		None		None	
For real and other real property held for investment, provide a complete address or description, e.g., rental property; and a city and state.		None		None		None	
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		None		None		None	
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan, if you report a privately-traded fund that is an Expected Investment Fund, please check the “EIF” box.		None		None		None	
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JL).		None		None		None	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		None		None		None	
SP	JL	EFL	None	I	II	III	IV
None	None	X	None	X	X	X	X
Long/Short Stock	None	X	None	X	X	X	X
Examples	None	X	None	X	X	X	X
Simon & Schuster	None	X	None	X	X	X	X
ABC Hedge Fund	None	X	None	X	X	X	X
Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None		None		None	
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Real Strategies, LLC		None		None		None	
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Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None		None		None	
Real Strategies, LLC		None					

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Amira Campa-Naine

Page 3 of 80

BLOCK A		BLOCK B		BLOCK C		BLOCK D	
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income	
SP. DC. TR.	ASSET NAME	EF.					
			None				
			\$1-\$1,000				
			\$1,001-\$15,000				
			\$15,001-\$50,000				
			\$50,001-\$100,000				
			\$100,001-\$250,000				
			\$250,001-\$500,000				
			\$500,001-\$1,000,000				
			\$1,000,001-\$5,000,000				
			\$5,000,001-\$25,000,000				
			\$25,000,001-\$50,000,000				
			Over \$50,000,000				
			Spousal/DC Asset over \$1,000,000*				
			None				
			DIVIDENDS				
			RENT				
			INTEREST				
			CAPITAL GAINS				
			EXCEPTED/BLIND TRUST				
			TAX-DEFERRED				
			Other Type of Income (Specify, e.g. Partnership Income or Farm Income)				
			None				
			\$1-\$200				
			\$201-\$1,000				
			\$1,001-\$2,500				
			\$2,501-\$5,000				
			\$5,001-\$15,000				
			\$15,001-\$50,000				
			\$50,001-\$100,000				
			\$100,001-\$1,000,000				
			\$1,000,001-\$5,000,000				
			Over \$5,000,000				
			Spousal/DC Income over \$1,000,000*				
			None				
			\$1-\$200				
			\$201-\$1,000				
			\$1,001-\$2,500				
			\$2,501-\$3,000				
			\$5,001-\$15,000				
			\$15,001-\$50,000				
			\$50,001-\$100,000				
			\$100,001-\$1,000,000				
			\$1,000,001-\$5,000,000				
			Over \$5,000,000				
			Spousal/DC Income over \$1,000,000*				

*Use additional sheets if more space is required.*

**SCHEDULE C – EARNED INCOME**

Name: ANNAR CAMP-NATTA

Page 4 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** military pay (such as National Guard or reserve pay), teaching, enrichment, program, or community service pay, and other forms of compensation for services provided to the House or Senate.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (Aug 15)	Honorarium	\$0	\$500
State of Maryland	Speech	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A

Use additional sheets if more space is required.

## SCHEDULE D – LIABILITIES

Name: ANNAK CHAMPA-NATHAL

Page 5 of 8

Report liabilities of over \$10,000 owed to any one creditor at *any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

Sp. DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
				\$10,001- \$15,000									
				\$15,001- \$50,000									
				\$50,001- \$100,000									
				\$100,001- \$250,000									
				\$250,001- \$500,000									
				\$500,001- \$1,000,000									
				\$1,000,001- \$5,000,000									
				\$5,000,001- \$25,000,000									
				\$25,000,001- \$50,000,000									
				Over \$50,000,000									
				Over \$1,000,000* (Spouse/DC Liability)									

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates** and **new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Managing Member / Owner	ACN Strategies, LLC

## SCHEDULE F - AGREEMENTS

Name: ANURAG CHOPRA-NAJAR

Page 6 of 8

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave or absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	N/A	

**SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

Name: ARMAND CANADA - NATIONAL

Page 7 of 8

NOTE NUMBER	NOTES
	N/A

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

Name: ANWAR CHAMPA-NATHAL Page 8 of 8

NOTE NUMBER	NOTES
	N/A

Use additional sheets if more space is required.